

State Child Death Review Board Case Information Summary

To:	State Child Death Review Board (SCDRB)	SCDRB Case Number:	
Decedent's Full Name:		DOB:	DOD:

1. Was there PPS involvement with the decedent and/or family? (Check all that apply)

- ☐ On decedent
 ☐ On another child in home
☐ Case open at time of death
 ☐ Case closed prior to death
 ☐ Open at/after time of death

2. Were any other DCF services provided to this family? ☐ Yes ☐ No If yes, type of services:

3. If prior DCF history, total number of reports received on child's family: _____

4. Of total number of the above noted reports, indicate number of each below: _____

- assessed but did not proceed to investigation or FBA _____
- were non abuse/neglect(CINC/NAN's)/FBA assessed for services _____
- were investigated as abuse or neglect (PPS investigation) _____

5. Note below in chart the reports that were investigated or assessed (if additional space is needed attached a separate sheet)

Date of Report	Mandated reporter? Y or N	Alleged Victim's Name	Type of A/N Case Investigated	FBA Concern (NAN cases)	Case Finding if A/N Investigation (sub or unsub)	Alleged Perpetrator (name/relationship)

6. Was a CINC petition requested or filed on any of the above reports. If so, explain:

7. Was decedent ever in the custody of the Secretary of DCF or the Secretary of KDOC-JS? ☐ Yes ☐ No

8. Was decedent in out of home placement at the time of death (in custody of DCF Secretary or KDOC-JS Secretary)? ☐ Yes ☐ No

If so, where was placement? _____

9. Decedent's Mother's Information: _____

Name: _____ DOB: _____ Race: _____ Marital Status: _____

Address: _____

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10. Decedent's Father's Information:

Name: _____ DOB: _____ Race: _____ Marital Status: _____
Address: _____

11. Sibling information:

	DOB:	Race:	Relationship:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. Others in home:

	DOB:	Race:	Relationship:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

13. Summary of DCF agency involvement on the decedent, or any family members or residents in the home. If so, state name(s) of who was known to agency, and why.

(This question is where you tell the story of what you know of the child/family, including specific information on each report. Indicate if involvement was prior or subsequent to child's death. If were ever in custody, note why they were in custody. If offered services, note what services they covered, i.e. covered age appropriate discipline techniques, caring for a baby, etc.)

14. Was DCF involved in investigation of child's death? If so, was it done jointly with law enforcement and what was the case finding?

15. Any additional information that would be important to know about this family?

16. Is there a concern for any child(ren) remaining in the home? Why or why not?

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Form completed by:		Date:	
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Copies to: ☐ Executive Director of the SCDRB, 120 SW Tenth Ave., 2nd floor, Topeka, KS 66612-1597
☐ PPS Administration ☐ Case File

